



BUILDING BRIDGES Part II:

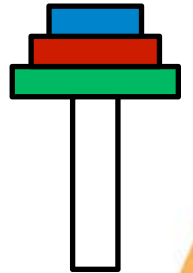
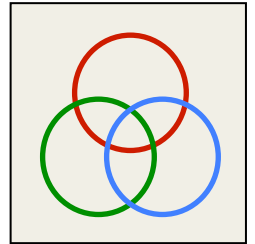
Purposeful Parenting and the Primary Prevention of Toxic Stress

Andrew Garner, MD, PhD, FAAP

**Chair, American Academy of Pediatrics Early Brain and
Child Development Leadership Workgroup**

3 Objectives For Part 2:

- Briefly review Part 1 (**toxic stress** is a **mediator** between early childhood **adversity** and less than optimal outcomes in **learning, behavior** and **health**)
- Describe a vertically and horizontally integrated **public health** approach to **prevent, mitigate,** and **treat** toxic stress
- Discuss the six principles of **Purposeful Parenting** as a potential framework for the **primary prevention** of toxic stress



Critical Concept #1

Childhood Adversity has Lifelong Consequences.

Significant adversity in childhood is strongly **associated** with unhealthy **lifestyles** and poor **health** decades later.

Defining **Adversity** or **Stress**

- How do you define/**measure** adversity?
- Huge **individual variability**
 - **Perception** of adversity or stress (subjective)
 - **Reaction** to adversity or stress (objective)
- National Scientific Council on the Developing Child (Dr. Jack Shonkoff and colleagues)
 - **Positive** Stress
 - **Tolerable** Stress
 - **Toxic** Stress

Based on the **REACTION**
(objective physiologic responses)

Defining **Adversity** or **Stress**

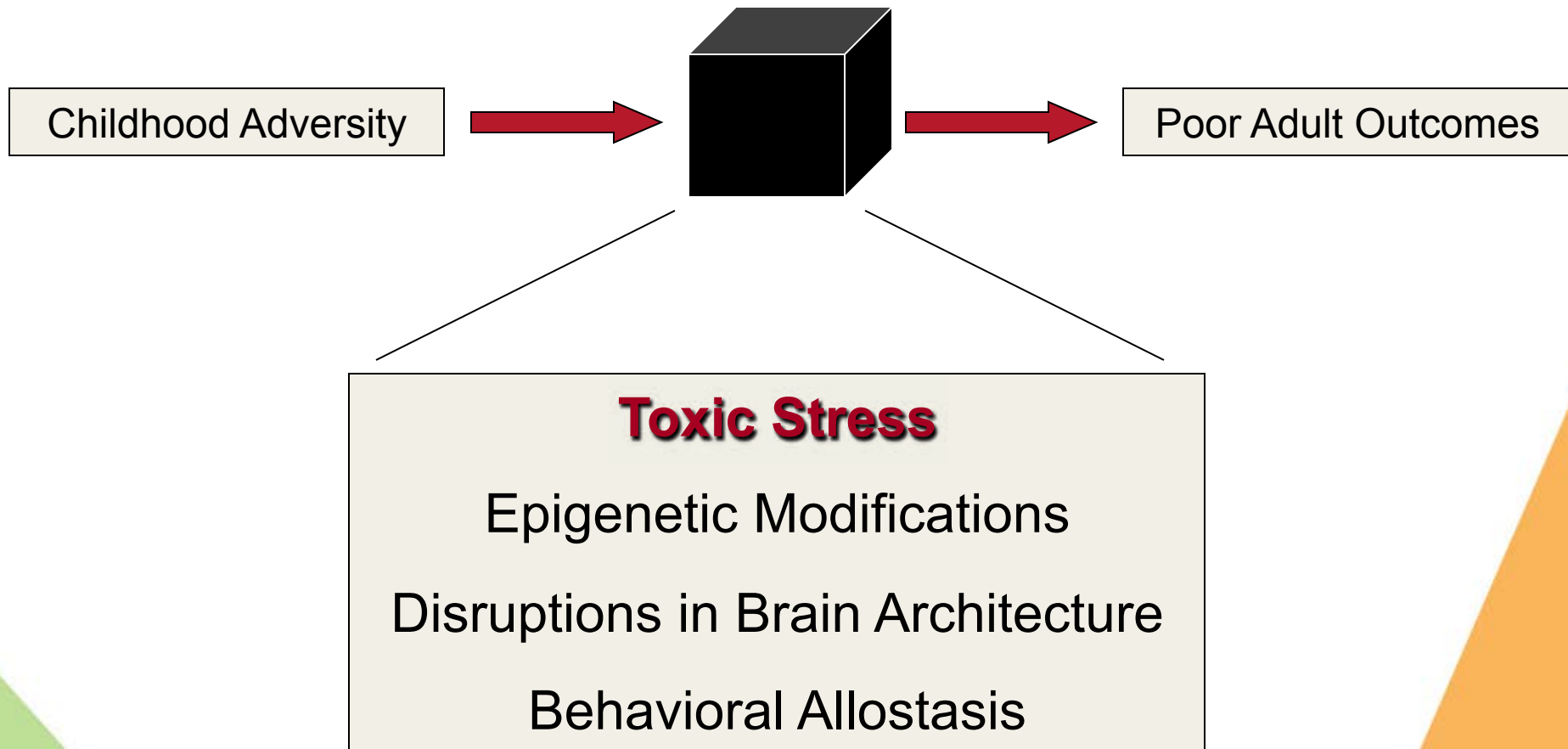
- **Positive** Stress
 - Brief, infrequent, mild to moderate intensity
 - Most normative childhood stress
 - Inability of the 15 month old to express their desires
 - The 2 year old who stumbles while running
 - Beginning school or daycare
 - The big project in middle school
 - **Social-emotional buffers** allow a return to **baseline**
(responding to non-verbal clues, consolation, reassurance, assistance in planning)
 - **Builds motivation and resiliency**
 - Positive Stress is **NOT** the **ABSENCE** of stress

Defining **Adversity** or **Stress**

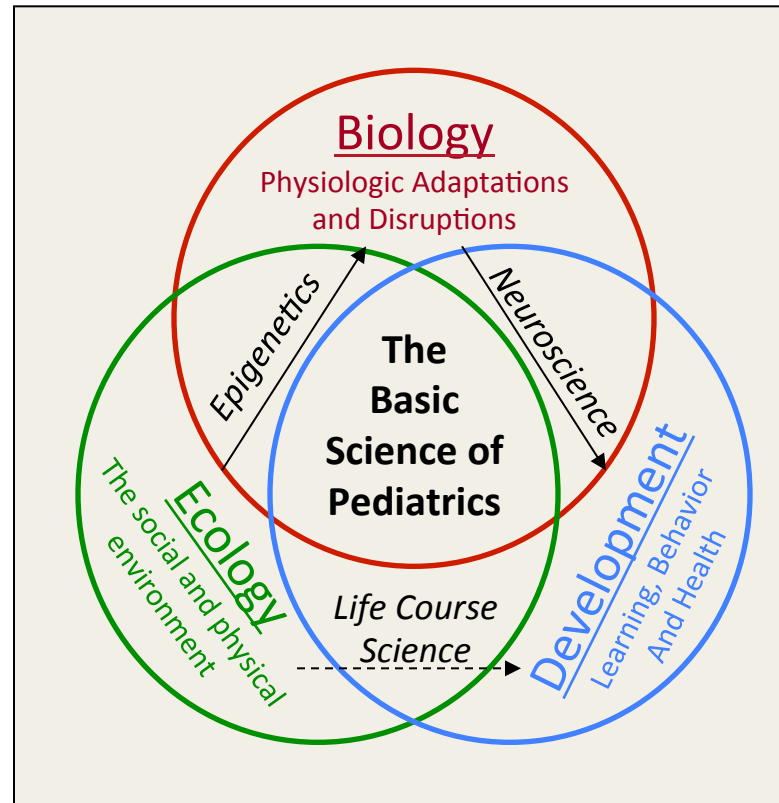
- **Toxic** Stress

- Long lasting, frequent, or strong intensity
- More extreme precipitants of childhood stress (**ACEs**)
 - Physical, sexual, emotional abuse
 - Physical, emotional neglect
 - Household dysfunction
- **Insufficient social-emotional buffering**
(Deficient levels of emotion coaching, re-processing, reassurance and support)
- Potentially permanent changes with long-term consequences
 - **Epigenetics** (there are life long / intergenerational changes in how the genetic program is turned **ON** or **OFF**)
 - **Brain architecture** (the mediators of stress impact upon the mechanisms of brain development / **connectivity**)

Linking **Childhood Experiences** and **Adult Outcomes**



Eco-Bio-Developmental Model of Human Health and Disease

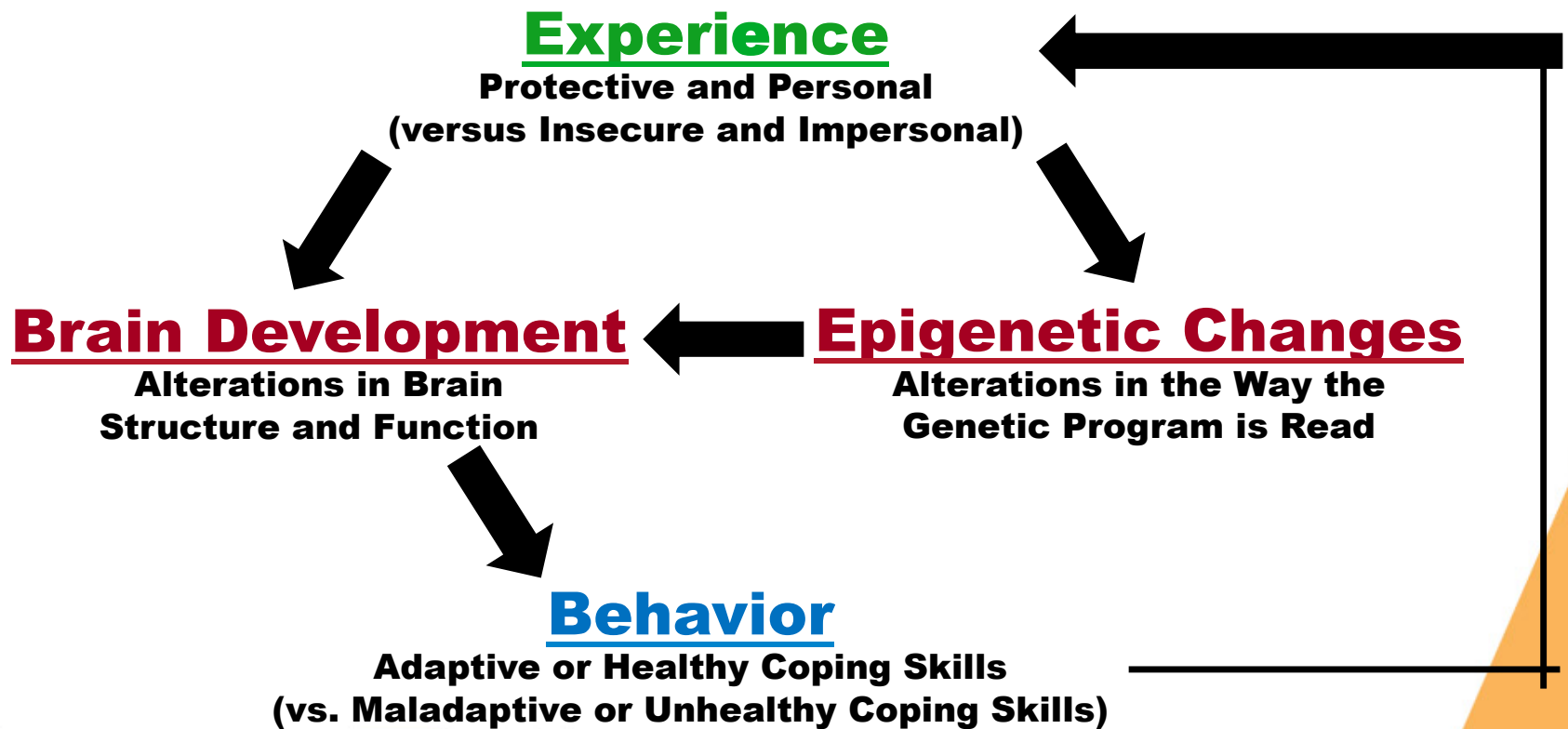


Ecology
becomes **biology**,
And together they drive **development** across the lifespan

Advantages of an **EBD** Framework

- Though grounded in **developmental science**, the **simplicity** of the EBD framework may promote understanding as well as support for **translation** (investing in childhood is the right thing to do **BIOLOGICALLY!**)
- Psychosocial stressors and other salient features of the **ecology** are every bit as **biological** as nutrition or lead (no distinction between mental and physical health, just healthy vs. unhealthy **development**)
- Emphasizes the dimension of **time** – to reflect the **on-going, cumulative** nature of benefits and threats to health and wellness

Development results from an on-going, re-iterative, and cumulative dance between **nurture** and **nature**



Advantages of an **EBD** Framework

- Underscores the need to improve the early childhood **ecology** in order to:
 - Mitigate the **biological** underpinnings for educational, health and economic **disparities**
 - Improve **developmental**/life-course trajectories
 - Changing the **ecology** will demand a **public health approach and unprecedented levels of collaboration!**
- Highlights the pivotal role of **toxic stress**
 - Not just “**step on the gas**” or enrichment
 - But “**take off the brake**” by treating, mitigating or immunizing against toxic stress

- We discovered that **education** is not something which the teacher does, but that it **is a natural process which develops spontaneously** in the human being.

- Maria Montessori

- All the evidence that we have indicates that it is reasonable to assume in practically every human being, and certainly in almost every newborn baby, that there is **an active will toward health, an impulse towards growth, or towards the actualization.**

- Abraham Maslow

Reinventing the Wheel ?

Models

Needs

Maslow's Hierarchy of Needs
(Theoretical - 1943)

Self-Actualization

Need to know, explore
and understand

Unmet needs are potential sources of **STRESS!!**

The **BIG** Questions are...

If **TOXIC STRESS** is the missing link between **ACE exposure** and **poor adult outcomes**, it raises the following BIG questions:

- Are there ways to:
 - **treat**,
 - **mitigate**, and/or
 - **immunize against** toxic stress?
- Is there a mismatch between:
 - what we **KNOW** ... and ...
 - what we actually **DO**?

YES!!
See
Part 1!!

Addressing **Toxic** Stress

- **Treatment** of the consequences
 - **TF-CBT** and **PCIT** are evidence-based
 - **Reactive** – some “damage” already done!
 - Very **costly**
 - Efficacy linked to age and chronicity
 - Declining **brain plasticity**?
 - Insufficient **number** of / **access** to providers
 - Limited reimbursements; carve-outs
 - Mental Health **Parity**?
 - Persistent **STIGMA**
 - “**Character Flaws**” vs “**Biological Mal-adaptations**”

Addressing **Toxic** Stress

- **Secondary / Targeted Preventions**

- Focused, targeted interventions for those deemed to be **“at high risk”**
- Visiting Nurse Programs (**Nurse Family Partner.**)
- Parenting Programs (**Nurturing Parenting**)
- More likely to be **effective**; minimize “damage”
- Requires **screening / targeting**
- Still issues with **stigma**, **numbers** of / **access** to providers

Addressing **Toxic** Stress

- **Primary / Universal Prevention**

- Proactive, universal interventions to make stress **positive**, instead of tolerable or toxic
- Acknowledges that preventing all childhood adversity is **impossible** and even **undesirable**
- **Actively building resiliency** (“immunizing” through positive parenting, 7C’s, promoting optimism, formalized social-emotional learning)
- **SE Buffers** allow the physiologic stress response to return to baseline (toxicity prevention)
 - **Parenting** skills for younger children
 - **SEL** skills for older children (www.casel.org)

Social-Emotional Skills Can Be Taught and Learned

Illinois Learning Standards for Social/Emotional Learning (SEL) - Windows Internet Explorer provided by University Hospitals

http://www.isbe.state.il.us/ils/social_emotional/standards.htm

File Edit View Favorites Tools Help

★ Favorites Illinois Learning Standards for Social/Emotional Learning...

 **Illinois State Board of Education**
Gery J. Chico, Chairman
Dr. Christopher Koch, State Superintendent



ISBE Home Site Map Funding Opps IWAS ECS FRIS Inquiry Programs

Search ISBE:

Administrator Info

- Board
- Calendar
- Contact ISBE
- Division Descriptions
- Division Links
- Education Vacancies
- Employment at ISBE
- Forms
- Glossary
- ISBE Info
- Learning Standards
- Press Releases
- Programs
- School Info
- Send ISBE a file
- Student & Parent Info
- Teacher Info

Navigation

- Social/Emotional Learning Goals & Standards
- Social/Emotional Learning Descriptors
- Social/Emotional Learning Resources
- Illinois Assessment Frameworks
- ILS Home

Illinois Learning Standards

Social/Emotional Learning (SEL)

The standards describe the content and skills for students in grades K - 12 for social and emotional learning. Each standard includes five benchmark levels that describe what students should know and be able to do in early elementary (grades K - 3), late elementary (grades 4 - 5), middle/junior high (grades 6-8), early high school (grades 9-10), and late high school (grades 11-12). These standards build on the Illinois Social/Emotional Development Standards of the Illinois Early Learning Standards.



These standards have been developed in accordance with Section 15(a) of Public Act 93-0495. This Act calls upon the Illinois State Board of Education to "develop and implement a plan to incorporate social and emotional development standards as part of the Illinois Learning Standards."

Introduction 

Goals

- Goal 1 - Develop self-awareness and self-management skills to achieve school and life success. 
RTF  PDF
- Goal 2 - Use social-awareness and interpersonal skills to establish and maintain positive relationships.  RTF  PDF

SUPERINTENDENT'S WEEKLY

Internet 100%

Critical Concept #2

SOCIAL-EMOTIONAL SKILLS...

(a.k.a – Affect Regulation, Non-Cognitive Skills, Mindfulness)

...Are **learned** (they can be **modeled**, **nurtured**, **taught**, **practiced**, and **reinforced**)

...Effectively **buffer** against **toxic stress**
(by helping to turn **off** the physiologic stress response)

...Increase **test scores**
(an average of **11 points** by meta-analysis!)



Early Experiences Last a Lifetime 



Sign Up for Updates

EMAIL

SUBMIT

Home

About

Ohio's System

Resources

Home // Ohio's Early Learning and Development Standards

Ohio's Early Learning and Development Standards

[Introduction](#)

[Social-Emotional Development](#)

[Approaches Toward Learning](#)

[Physical Well-Being and Motor Development](#)

[Cognitive Development and General Knowledge \(including Mathematics, Science and Social Studies\)](#)

[Language and Literacy Development](#)

Ohio's Early Learning and Development Standards

On October 9 2012, the State Board of Education adopted Ohio's new Birth – Kindergarten Entry Early Learning and Development Standards in all domains of school readiness to reflect the comprehensive development of children beginning at birth through entry into kindergarten. The standards were expanded as part of a collaborative effort of state agencies serving young children including Ohio Department of Education, Ohio Department of Job and Family Services, Ohio Department of Health, Ohio Department of Mental Health, Ohio Department of Developmental Disabilities, and the Governor's Office of Health Transformation. The state agencies worked with national experts and writing teams made up of Ohio-based content experts and stakeholders to revise and expand the standards in the following domains.

See: www.earlychildhoodohio.org/elds.php

Parenting as **Primary** Prevention

- Promoting **Parenting Skills** in the first 1000 days
 - Parenting is personal – makes pediatricians **NERVOUS!**
 - “Positive/Nurturing/Supportive” Parenting
 - A Poor investment?
 - Are parenting skills “**teachable?**” **YES!!**
 - Is there a “**ceiling effect**” on returns? **What is “OK?”**
 - Or the “**Gold Standard?**”
 - Shouldn’t this be THE reference point (NOT routine, general, or control populations)
- Recent article from Luby *et al.*, PNAS
 - **Maternal support** and **Depression severity** at ages 3-5
 - “Waiting Test” assessed the dyad (Bright Gift + Parental Surveys)
 - **Hippocampal volumes** at school age (7-13)

- Early maternal support exerts **a positive influence on hippocampal development**
- The positive effect of maternal support on hippocampal volumes was **greater in nondepressed children**

